

**State of California
Dental Program
AFFIDAVIT OF ELIGIBILITY
(Economically Dependent Child)**

I, _____ understand that the Department of Personnel Administration (DPA) allows for the enrollment of a child (other than natural, adopted or stepchild) who is economically dependent upon me until the child marries or becomes age 23 (whichever comes first).

I further understand that the child must reside with me as a member of my household in a normal parent-child relationship, and that I have responsibility for at least 50% of the child's financial support.

I therefore swear (or affirm), under penalty of perjury, that those dependents that may be listed on page 2 of this document (if applicable), is/are my dependent(s), and reside with me as a member(s) of my household in a normal parent-child relationship and at the same time their natural parent(s) do not reside with me, and that I am responsible for 50% or more of their financial support and maintenance and that the above-mentioned child or children is/are not now, nor ever been married; is/are not a foster child; is/are not eligible for or enrolled in dental benefit coverage from any other source.

I recognize this affidavit as a legally binding document and I accept responsibility for notifying my departmental Personnel Office/CalPERS immediately if there are any changes in the child's status as my dependent. I also agree to provide supporting documentation, such as tax, court or custody records when requested by my department, CalPERS or DPA at anytime as long as the child is enrolled on my State-sponsored dental coverage as my eligible dependent.

Employee/Retiree Signature: _____ Date Signed _____

Social Security Number: _____ Employing Agency: _____

City: _____ Daytime Phone Number: () _____

FOR EMPLOYING AGENCY/CALPERS USE ONLY

Affidavit received on _____, by _____
(Authorized Agency Signature)

The Personnel Office/CalPERS (for retirees) should maintain this document in the employee's personnel file/retiree file, attached to the agency copy of the Dental Enrollment Authorization (STD. 692). Do not send a copy of affidavit to SCO or DPA.

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Additional economically dependent children being enrolled in the Dental Program in accordance with qualifications listed on the front side of this form.

- 1.
- 2.
- 3.
- 4.
- 5.

PRIVACY NOTICE

The Information Practice Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the Department of Personnel Administration and the dental insurance company for the purpose of identification and dental coverage processing.

It is **mandatory** to furnish all information requested on this form. Failure to provide the **mandatory** information may result in the dental enrollment action not being processed or being processed incorrectly.

The Department of Personnel Administration requires social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151, 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Information provided on the form will be forwarded to the dental company providing coverage. Copies of the Affidavit of Eligibility for Economically Dependent Child are maintained in confidential files of your personnel office for five years. For retirees, these forms are maintained with the California Public Employees' Retirement System (CalPERS) for five years. Individuals have the right of access to copies of their Affidavit of Eligibility for Economically Dependent Child upon request. For active employees, please send requests to your personnel office. For retirees, please send your request to the California Public Employees' Retirement System (CalPERS), 400 P. Street, Sacramento, CA. 95814, Attn: Health Benefit Services Division.